



## Winter Park ADA Paratransit Eligibility

Thank you for applying for ADA paratransit service. Please read these instructions carefully.

### What is ADA paratransit service and who is eligible?

Paratransit service is provided for customers who are unable, because of their disability, to use accessible fixed route buses. On routes where there is not yet an accessible fixed route bus, passengers requiring a wheelchair lift in order to board are provided paratransit service. Your disabling condition may be permanent, temporary, or conditional.

Visitors are eligible to use Winter Park's ADA paratransit service. If a visitor has eligibility from another system or if you require an accessible bus in order to ride, you may use our paratransit service.

Winter Park's ADA paratransit service is a shared-ride curb-to-curb transportation. For riders who are eligible, door-to-door (origin to destination) service will be provided.

- A rider who sometimes is able to use the bus may be eligible for paratransit service for those trips that cannot be made by bus because of a disability.
- Riders who use a wheelchair will be conditionally eligible for paratransit service if the route on which they wish to travel is not wheelchair accessible.

### How do I apply?

1) **Residents** who will be in the area 21 or more days: ask your health care provider or disability specialist, who is familiar with your disability, to complete the attached Professional Verification of Disability form. This form may be completed by anyone of the following professionals or staff from the National Sports Center for the Disabled:

- Physician
  - Psychiatrist
  - Physician's Assistant
  - Social Worker (MSW)
  - Nurse Practitioner
  - Mental Health Clinician
  - Respiratory Therapist
  - PT/OT
  - Chiropractor
  - Ophthalmologist
  - Orthopedist
  - Psychiatrist
  - Rehabilitation Counselor
  - Independent Living Specialist
  - Mobility instructor
  - NSCD staff
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## Town of Winter Park Transit

After the attached Professional Verification of Disability Form has been completed, please send to Town of Winter Park, P.O. Box 3327, Winter Park, CO 80482.

An in-person interview and assessment may be required before eligibility can be determined or renewed. Eligibility will be good for three years, and then renewal will be required.

### **2) Visitors**

Call (970) 726-4163 as soon as you know you will be visiting. A short visitor eligibility form is attached. It will provide us with basic information needed in order to serve you properly. You may provide this information to our transit operator, First Transit in several ways:

- By telephone: (970) 726-4163
- By fax: (970) 726-9765
- E-mail it to: mike.fudge@firstgroupamerica.com
- Mail it to: Mike Fudge, First Transit  
PO Box 166, Winter Park, CO 80482

If you arrive and find that you will need paratransit due to lack of accessible buses, just call us for next day service. We will ask you for the basic information on the short visitor form and then arrange your rides for the next day.

Visitor eligibility is good for 21 days in a calendar year. If you will be using the service for more than 21 days, please complete the full eligibility form.

### **When will I find out if I am eligible?**

You will receive a letter within 21 calendar days from the date you completed your application and, if required, in-person interview and assessment, and when all other necessary documentation has been received by Winter Park. If it is determined you are able to use the fixed route bus service for some or all of your trips and you do not agree, you may file an appeal within (60) calendar days from the date you received your eligibility letter.

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*In accordance with the provisions of the Americans with Disabilities Act and the Civil Rights Act of 1964, Winter Park does not discriminate on the basis of disability, race, color, national origin, or gender. For more information about these statutes, or to file a complaint, please contact the Town of Winter Park at (970) 726-8081.*

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### Authorization for Release of Information

I hereby authorize the following professionals \_\_\_\_\_ (*insert name of professional or office*) to provide information about my disability and abilities to use bus service to the Town of Winter Park and/or persons assisting the Town of Winter Park in determining my eligibility for paratransit service. I understand that this information will be used solely for the purpose of determining my eligibility for paratransit service and that all medical information about my disability will be kept confidential.

I also understand that, at no expense to me, Winter Park may require that I participate in an in-person evaluation of my travel skills and I agree to such an evaluation.

\_\_\_\_\_  
(Signature of Applicant or Responsible Party)

\_\_\_\_\_  
Date

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#### FOR MEDICAL OR OTHER QUALIFYING PROFESSIONAL:

Name of Professional: \_\_\_\_\_

Title of Professional: \_\_\_\_\_

License Number if applicable: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax #: \_\_\_\_\_

**The Americans with Disabilities Act of 1990 is a civil rights act that requires public transit agencies to provide paratransit service to people whose disabilities prevent them from using a bus some or all of the time. The information you provide will enable us to make an appropriate determination for this applicant. All information will be kept confidential. Thank you for your assistance.**



Town of Winter Park Transit

1) In what capacity do you know the applicant? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) When did you last see the applicant? \_\_\_\_\_  
\_\_\_\_\_

3) What is the formal diagnosis of the applicant's condition? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) What is the prognosis? Is the condition stable, degenerative, or otherwise changing?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) Is this condition Temporary?    \_\_\_ Yes                    \_\_\_ No

If the answer to question #5 is YES, for how long do you anticipate the applicant needing specialized transportation?    \_\_\_ Months

6) Is the individual able to walk outdoors alone?  
\_\_\_\_\_ Sometimes    \_\_\_\_\_ Often                    \_\_\_\_\_ Never

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7) If the answer to question 6 is SOMETIMES or OFTEN, where can he/she travel?

Only on their own property:                    \_\_\_ Yes    \_\_\_ No  
To places nearby (example, on the same block):    \_\_\_ Yes    \_\_\_ No  
To places farther away:                                    \_\_\_ Yes    \_\_\_ No



Town of Winter Park Transit

If YES to places farther away, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8) If the applicant is able to travel outdoors alone, is he/she able to travel:

- Less than 1 block:  Yes  No
- 1 to 3 blocks:  Yes  No
- More than 3 blocks:  Yes  No
- Stand without support:  Yes  No
- Stand for 15 minutes:  Yes  No

9) Can this applicant independently travel in and/or tolerate the following conditions:

- Hot weather:  Yes  No
- Strong sunlight:  Yes  No
- Cold weather:  Yes  No
- Hills:  Yes  No
- Wind:  Yes  No
- Street crossings:  Yes  No

10) Is the applicant able to:

- Follow written or oral direction:  Yes  No
- Ask for assistance from appropriate sources:  Yes  No
- Deal with unexpected situations or changes in routine:  Yes  No
- Give addresses and phone numbers upon request:  Yes  No
- Safely cross a major street:  Yes  No
- Find their way in familiar locations:  Yes  No
- Signal a bus operator to get off at a familiar stop:  Yes  No

11) Is the applicant's ability to travel outside alone affected by other conditions, (consider in particular the impact of environmental noise, the inability to distinguish traffic flow patterns, or when roadways are icy, snow-packed, or have snow berms)? If so, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Town of Winter Park Transit

THE LAST TWO QUESTIONS ARE FOR VISUAL IMPAIRMENTS ONLY:

12) If the individual is partially sighted, is he/she able to see steps or curbs?

\_\_\_ Sometimes                      \_\_\_ Often                      \_\_\_ Never

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. If the individual is partially sighted, is his/her vision affected by different lighting conditions?

Bright sunlight:                      \_\_\_ Yes    \_\_\_ No  
Dimly lit or shaded places:        \_\_\_ Yes    \_\_\_ No  
Night time:                            \_\_\_ Yes    \_\_\_ No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I verify the information I completed for this application is accurate to the best of my knowledge as of the date I signed below.

\_\_\_\_\_  
Signature of Medical or Other Professional

\_\_\_\_\_  
Date



## Professional Verification of Disability Form

Please complete this form in order to be considered for paratransit service. Winter Park may require an in-person interview and assessment of your travel abilities. Submit the form to:

E-mail: [mike.fudge@firstgroup.com](mailto:mike.fudge@firstgroup.com)  
Facsimile: (970) 726-9765  
Postal service: Mike Fudge, First TransitPlus  
PO Box 166, Winter Park, CO 80482

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To be completed by applicant:

Name of Applicant: \_\_\_\_\_  
Last First Initial

Home Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Birth Date: \_\_\_\_\_ M \_\_\_ F \_\_\_

Mailing Address (if the same as home address, leave blank)

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Please give us the name and telephone number of a LOCAL friend or relative to call in the event of an emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

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Will a passenger assistant be traveling with you? \_\_\_ Yes \_\_\_ No

Do you require a wheelchair lift to board the bus? \_\_\_ Yes \_\_\_ No

Can you navigate to and from a curbside location? \_\_\_ Yes \_\_\_ No

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